

**CITY OF ROSEVILLE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
APPLICATION FOR 2024 - 2025 PROGRAM YEAR
FUNDING**

Organization Name*: _____

*State full legal name including Inc., L.L.C., partnership or assumed name designations.

Project Name: _____

Project Address: _____

Exec Director Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____ Website: _____

SAMS UEI # _____ (REQUIRED)

Contact Name: _____ Title: _____

Contact Telephone: _____ Fax: _____

Contact Email: _____

Project Funding Requested: \$ _____

Check the category, which describes the type of funding requested:

☐ Public Service ☐ Public Facility ☐ Infrastructure
☐ Economic Development ☐ Other _____

In order to be eligible for funding, your completed application must be submitted by 4:30pm on Thursday, December 28th 2023.

PREFERRED: Applications will be accepted by email at: jgammicchia@roseville-mi.gov

Applications can be sent via US Mail to City of Roseville CDBG- Attn: Jim Gammicchia - 29777 Gratiot Avenue, Roseville, MI 48066

Please feel free to attach any additional back-up information that you feel would be of benefit to the Citizen Advisory Committee. All questions regarding this application should be directed to Jim Gammicchia, Administrative Specialist at (586) 447-4606. Applications must be submitted by email.

A Public Hearing will be held at the City Council Meeting on Tuesday, January 24th 2024 at 6:30 pm in the City Council Chambers to review requests. Subrecipients will have an opportunity to present on behalf of their organization at this time if they choose.

PROJECT ELIGIBILITY SECTION

1. If your proposed activity will serve as a low/moderate (L/M) area benefit, you must indicate the census tract(s) where the project is located (website – Factfinder.census.gov). Project is located in census tract(s) _____

2. The project must meet at least one of the HUD national objectives listed below. Please check all applicable:

- ☐ 1. Benefits L/M income individuals/households.
- ☐ 2. Addresses the prevention or elimination of slums or blight.
- ☐ 3. Meets a particularly urgent community development need.

3. Check all statements that describe how this project or activity meets one of the National Objectives above:

☐ L/M Area Benefit: the project meets the identified needs of L/M income persons residing in an area where at least 51% of those residents are L/M income persons. *Examples:* street improvements, water/sewer lines, and neighborhood facilities.

☐ L/M Limited Clientele: the project benefits a specific group of people rather than all of the residents in a particular area. The following groups are presumed to be L/M: abused children, elderly persons, battered spouses, homeless persons, adults meeting Bureau of Census' definition of severely disabled persons, illiterate adults, persons living with AIDS and migrant farm workers. Outside of these groups income must be verified.

☐ L/M Housing: the project adds or improves permanent residential structures that will be occupied by L/M income households upon completion. *Examples:* acquisition of property for permanent housing or rehabilitation of permanent housing

☐ L/M Jobs: the project creates or retains permanent jobs, at least 51% of which are taken by L/M income persons or considered to be available to L/M income persons.

☐ Microenterprise Assistance: the project assists in the establishment of a microenterprise or assists persons developing a microenterprise. A microenterprise is described as having five or fewer employees, one or more of whom owns the business. This activity must benefit L/M income persons, area or jobs as defined in previous sections.

☐ Slum or Blighted Area: the project is in a designated slum/blight area and the result of this project addresses one or more of the conditions that qualifies the area.

☐ Spot Blight: the project will prevent or eliminate specific conditions or blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

ACTIVITY DESCRIPTION

Please answer the following

1. Provide a detailed description of the proposed activity including how the activity will address the needs of the community. *Identify whether the activity is new, ongoing, or expanded from previous years.*
2. Identify who will benefit from the proposed activity (ex: homeless, abused children, seniors, etc.). If your program was designed to benefit persons on L/M income, describe the process you will use to identify these persons (process for income verification if persons are not members of HUD's presumed L/M clientele).

3. Describe the rationale for the amount of project funding being requested. For example, a request is made for \$3,000. The applicant must state specifically what they can accomplish with this funding amount (\$10 per night shelter cost = 300 shelter nights provided to Roseville residents). For public service activities, the Citizen Advisory Committee may limit per person funding.

4. Oftentimes projects that receive an award of CDBG funding are actually awarded less than the amount originally requested. Please indicate here whether your proposed activity could be undertaken with a reduced commitment of funding and if so, please highlight how that would affect the scope of the services you are proposing.

PROPOSED PROJECT ACCOMPLISHMENTS

The U.S. Department of Housing and Urban Development (HUD) requires recipients of federal funds to assess the productivity and impact of their programs. The City of Roseville has implemented a Performance and Outcome Measurement System to meet this requirement. The system will help to quantify the effectiveness of programs and establish clearly defined outcomes.

When completing this section, it is very important that you do not “over-promise” on what your project can realistically deliver. This will eliminate the need to later explain differences between proposed vs. actual number of persons served. Also, if your project is funded and you do not serve the number of persons projected for that fiscal year or given timeframe, any remaining funds will be reprogrammed.

What is the total estimated number of persons to be served by this project? _____

What is the total estimated number of Roseville residents to be served by this project? _____

What is the total estimated number of L/M persons to be served by this project? _____

What is the anticipated percentage of L/M persons to be served by this project? _____

ORGANIZATIONAL CAPACITY

Please answer the following questions

1. Provide an overview of your organization including length of time in existence. *Attach a list of current officers and board members with terms.*
2. Describe your organization's experience in successfully conducting this type of activity. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

FINANCIAL

Please attach the following to your application:

1. Copy of the organization's operating budget for the past year, indicating percentages used for the program, administrative, fundraising, and general expenses.
2. Copy of the organization's most recent annual report, financial statement, and tax return (form 990).

STATEMENT OF APPLICANT

The applicant acknowledges and agrees to the following:

1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That, if the project(s) is recommended and approved by the Mayor and City Council, the City reserves the right to reduce and/or cancel the allocation if federal entitlements are canceled, reduced, or rescinded.
3. The receipt of an application does not obligate the City to fund a proposed project.
4. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
5. That, if the project(s) is funded, the organization agrees to abide by the City's locally established policies and guidelines.
6. That Applicant's past performance may be considered in reviewing this application.
7. That, if a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the City.
8. That funding is approved for a one-year period and does not guarantee a recipient future funding in a subsequent action plan.
9. The person signing has full authority to sign this application on behalf of the Applicant and make all representations set forth therein on its behalf.

RISK ASSESSMENT

As required by 2 CFR §200.331(b), the purpose of this assessment is to evaluate subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of a sub award, and to determine appropriate subrecipient monitoring during the grant performance period. Limited program experience, results of previous audits and site monitoring visits, new personnel or new or substantially changed systems, may increase a subrecipient's degree of risk.

1. How many federal grant awards has your organization managed in the past 5 years regardless of awarding agency?
 - ☐ No grants
 - ☐ 1-3 grants
 - ☐ 4-5 grants
 - ☐ 6+ grants
2. What percentage of your grant management staff has fewer than 2 years of grant experience?
 - ☐ 0-25% of staff
 - ☐ 26-50% of staff
 - ☐ 51-75% of staff
 - ☐ 76-100% of staff
3. Has your organization had a new or substantially changed financial/accounting system(s) in the past 2 years?
 - ☐ Yes
 - ☐ No
4. What types of findings (audit site monitoring, etc.) has your organization received within the past 5 years? (**Attach a separate sheet explaining any findings resulting in questioned costs or a return of funds.**)
 - ☐ Never Audited or No
 - ☐ Unsupported costs (lack of documentation)
 - ☐ Unreasonable use of funds
 - ☐ Questioned costs or required to return funds
5. Does your agency have staff primarily dedicated (>50%) to grants management activities?
 - ☐ Yes
 - ☐ No

CONFLICT OF INTEREST CERTIFICATION

TITLE 24 – HOUSING AND URBAN DEVELOPMENT CHAPTER V- OFFICE OF ASSISTANT SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF HUD

Part 570 Community Development Block Grants Subpart K Other Program

Requirements: 570.611 Conflict of interest.

- (a) **Applicability.** (1) In the procurement of supplies, equipment, construction, and services by recipients and by subrecipients, the conflict of interest provisions in 2 CFR 200.317 and 200.318 shall apply. (2) In all cases not governed by 2 CFR 200.317 and 200.318, the provisions of this section shall apply. Such cases include the acquisition and disposition of real property and the provision of assistance by the recipient or by its subrecipients to individuals, businesses, and other private entities under eligible activities that authorize such assistance (e.g., rehabilitation, preservation, and other improvements of private properties or facilities pursuant to §570.202; or grants, loans, and other assistance to businesses, individuals, and other private entities pursuant to §570.203, 570.204, 570.455, or 570.703(i)).
- (b) **Conflicts prohibited.** The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG- assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For the UDAG program, the above restrictions shall apply to all activities that are a part of the UDAG project, and shall cover any such financial interest or benefit during, or at any time after, such person's tenure.
- (c) **Persons covered.** The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving funds under this part.
- (d) **Exceptions.** Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (b) of this section on a case-by-case basis when it has satisfactorily met the threshold requirements of (d)(1) of this section, taking into account the cumulative effects of paragraph (d)(2) of this section.

(1) ***Threshold requirements.*** HUD will consider an exception only after the recipient has provided the following documentation: (i) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and (ii) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(2) *Factors to be considered for exceptions.* In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (d)(1) of this section, HUD shall conclude that such an exception will serve to further the purposes of the Act and the effective and efficient administration of the recipient's program or project, taking into account the cumulative effect of the following factors, as applicable: (i) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available; (ii) Whether an opportunity was provided for open competitive bidding or negotiation; (iii) Whether the person affected is a member of a group or class of low- or moderate-income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; (iv) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision making process with respect to the specific assisted activity in question; (v) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (b) of this section; (vi) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and (vii) Any other relevant considerations.

By applying for CDBG funds, the Agency certifies that they have read and will comply with the above:

Agency Name:

Name of Executive Director/CEO
and Title:

Signature of Executive
Director/CEO

APPENDIX A

2 CFR PART 200 SUBPART F AUDIT CERTIFICATION FORM

Audits of States, Local Governments, Indian Tribes, and Non-Profit Organizations

Purpose: As a pass-through entity of federal grant funds, City of Roseville required by 2 CFR Part 200 Subpart F to monitor activities of subrecipients to ensure federal awards are used for authorized purposes and verify that subrecipients expending \$750,000 or more in federal awards during their fiscal year have met the 2 CFR Part 200 Subpart F Audit Requirements. Your entity is a subrecipient subject to such monitoring by the City of Roseville because it is a non-federal entity that expends federal grant funds received from the County as a pass-through entity to carry out a federal program. 2 CFR Part 200 Subpart F should be consulted when completing this form.

Directions: As required by 2 CFR Part 200 Subpart F, non-federal entities that expend \$750,000 in federal awards in a fiscal year shall have a single or program-specific audit conducted for that year. If your entity *is not* subject to these requirements, you must complete Section A of this Form. If your entity is not subject to these requirements, you must complete Section B of this form. When completed, you must sign, date, and return this form with your grant agreement and every fiscal year thereafter until the grant agreement is closed. Failure to return this completed Audit Certification Form may result in delay of grant agreement processing, withholding of federal awards or disallowance of costs, and suspension or termination of federal awards.

SECTION A: Entities that ARE subject to the audit requirements of 2 CFR Part 200 Subpart F

(Complete the information below and check the appropriate box)

- ☐ We completed our last 2 CFR Part 200 Subpart F Audit on for Fiscal Year ending. There were no findings related to federal awards from Roseville. No follow-up action is required by Roseville as the pass-through entity.

A complete copy of the audit report, which includes exceptions, corrective action plan and management response, is provided electronically to jgammicchia@roseville-mi.gov.

- ☐ We completed our last 2 CFR Part 200 Subpart F Audit on _____ for Fiscal Year ending _____. There were findings related to federal awards.

A complete copy of the audit report, which includes exceptions, corrective action plan and management response, is provided electronically to jgammicchia@roseville-mi.gov.

- ☐ Our completed 2 CFR Part 200 Subpart F Audit will be available on _____ for Fiscal Year ending _____. We will provide electronic copy of the audit report to jgammicchia@roseville-mi.gov at that time.

SECTION B: Entities NOT subject to the audit requirements of 2 CFR Part 200 Subpart F

Our entity is **not** subject to the requirements of 2 CFR Part 200 Subpart F because (check all that apply):

- ☐ We did not expend \$750,000 or more of total federal awards during the fiscal year.
- ☐ We are a for-profit agency.
- ☐ We are exempt for other reasons (describe):

However, by signing below, I agree that we are still subject to the audit requirements, laws and regulations governing the program(s) in which we participate, that we are required to maintain records of federal funding and to provide access to such records by federal and state agencies and their designees, and that the County may request and be provided access to additional information and/or documentation to ensure proper stewardship of federal funds.

Also pursuant to 2 CFR Part 200, please be advised that all billing MUST be based on ACTUAL COSTS. Direct Billing by subrecipients will not be reimbursed.

I hereby certify that I am an individual authorized by the entity to complete this form. Further, I certify that the information contained in this application is true and correct and all relevant material findings contained in audit report/statement have been disclosed. Additionally, I understand this Form is to be submitted every fiscal year for which this entity is a subrecipient of federal award funds from HUD until the grant agreement is closed.

Name of Organization: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____